

## Plan Year 2019 State Employee Health Plan Monthly COBRA Rates

State Employees	COBRA rates for Aetna or BCBS Medical Plans					Delta	Surency Vision	
Coverage Tier	Plan A	Plan C	Plan J	Plan N	Plan Q	Dental	Basic	Enhanced
Employee	\$637.24	\$521.41	\$641.82	\$539.53	\$588.35	\$48.42	\$3.75	\$7.38
Employee + Spouse	\$1,389.98	\$984.58	\$1,157.91	\$948.70	\$1,025.02	\$81.42	\$7.35	\$14.58
Employee + Child(ren)	\$1,091.61	\$796.07	\$998.37	\$827.40	\$911.96	\$77.83	\$6.64	\$13.15
Employee + Family	\$1,792.52	\$1,175.85	\$1,405.15	\$1,097.54	\$1,215.48	\$95.76	\$10.25	\$20.39

Non State Employee Groups	COBRA rates for Aetna or BCBS Medical Plans					Delta	Surency Vision	
Coverage Tier	Plan A	Plan C	Plan J	Plan N	Plan Q	Dental	Basic	Enhanced
Employee	\$754.61	\$657.89	\$784.92	\$678.97	\$727.85	\$59.94	\$3.75	\$7.38
Employee + Spouse	\$1,769.24	\$1,398.17	\$1,598.02	\$1,359.51	\$1,456.18	\$111.01	\$7.35	\$14.58
Employee + Child(ren)	\$1,469.87	\$1,198.85	\$1,406.64	\$1,229.86	\$1,314.35	\$107.44	\$6.64	\$13.15
Employee + Family	\$2,193.76	\$1,612.08	\$1,861.81	\$1,519.57	\$1,659.32	\$125.34	\$10.25	\$20.39

### Assumptions

COBRA rates based on employer contribution plus employee contribution with 2% COBRA administration fees